

Fill in this information to identify the case:

Debtor name	BOTW Holdings, LLC		
United States Bankruptcy Court for the:		District of	Delaware
		(State)	
Case number (If known):	24-20138		

Official Form 206E/F

☐ Check if this is an amended filing

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: All Creditors with PRIORITY Unsecured Claims

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

			Total Claim	Priority Amount
2.1	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
s16	ALYSSA MATUSKA 43 PANORAMA LANE CODY, WY 82414	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$691.00	UNKNOWN
	Date or dates debt was incurred 4/19/2024	Basis for the claim: 50% OF NET PAYROLL FOR PPE 4/24/24; PD ON 5/3/24		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
s18	CHRISTOPHER MOTA-HERNANDEZ 665 BEARTOOTH DRIVE POWELL, WY 82435	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$793.94	UNKNOWN
	Date or dates debt was incurred 4/19/2024	Basis for the claim: 50% OF NET PAYROLL FOR PPE 4/24/24; PD ON 5/3/24		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.3	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
s19	COLE REDMOND 743 LANE 36 BURLINGTON, WY 82411	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$865.66	UNKNOWN
	Date or dates debt was incurred 4/19/2024	Basis for the claim: 50% OF NET PAYROLL FOR PPE 4/24/24; PD ON 5/3/24		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name

Case Number (if known)

Part 1: All Creditors with PRIORITY Unsecured Claims

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			Total Claim	Priority Amount
2.4	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$918.25	UNKNOWN
s13	EMILY GRANT 30 SPICER LANE PO BOX 2261 CODY, WY 82414	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 4/19/2024	Basis for the claim: 50% OF NET PAYROLL FOR PPE 4/24/24; PD ON 5/3/24		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.5	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,147.69	UNKNOWN
s11	ERNEST COOK 868 LANE 36 BURLINGTON, WY 82411	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 4/19/2024	Basis for the claim: 50% OF NET PAYROLL FOR PPE 4/24/24; PD ON 5/3/24		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.6	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$770.87	UNKNOWN
s1	GRADY STOVEY 1058 ROAD 8 POWELL, WY 82435	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 4/19/2024	Basis for the claim: 50% OF NET PAYROLL FOR PPE 4/24/24; PD ON 5/3/24		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.7	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$3,994.29	UNKNOWN
s2	IRS CENTRALIZED INSOLVENCY OPERATIONS PO BOX 7346 PHILADELPHIA, PA 19101-7346	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 4/19/2024	Basis for the claim: ACCRUED 941 TAXES FOR PPE 4/24/24; PD ON 5/8/24		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name

Case Number (if known)

Part 1: All Creditors with PRIORITY Unsecured Claims

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			Total Claim	Priority Amount
2.8	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
s20	IRS CENTRALIZED INSOLVENCY OPERATIONS PO BOX 7346 PHILADELPHIA, PA 19101-7346	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$7,217.52	UNKNOWN
	Date or dates debt was incurred 4/19/2024	Basis for the claim: 4/19/2024 PPE 4/19/2 941 TAXES PD 4/24/24		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.9	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$22.51	UNKNOWN
s21	IRS CENTRALIZED INSOLVENCY OPERATIONS PO BOX 7346 PHILADELPHIA, PA 19101-7346	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred	Basis for the claim: ACCRUED 940 TAXES 4/1/24-4/19/24		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.10	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$658.90	UNKNOWN
s22	IRS CENTRALIZED INSOLVENCY OPERATIONS PO BOX 7346 PHILADELPHIA, PA 19101-7346	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 3/31/24	Basis for the claim: 3/31/24 - 2024-Q1 940 TAXES PAID 4/30/24		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.11	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,090.31	UNKNOWN
s17	JACOB MICHALETZ 1209 BLUE WATER COURT CODY, WY 82414	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 4/19/2024	Basis for the claim: 50% OF NET PAYROLL FOR PPE 4/24/24; PD ON 5/3/24		
	Last 4 digits of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name

Case Number (if known)

Part 1: All Creditors with PRIORITY Unsecured Claims

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			Total Claim	Priority Amount
2.12	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
s14	JAMES KINDT 3402 APPALACHIAN AVE PO BOX 2935 CODY, WY 82414	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,096.58	UNKNOWN
	Date or dates debt was incurred 4/19/2024	Basis for the claim: 50% OF NET PAYROLL FOR PPE 4/24/24; PD ON 5/3/24		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.13	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$739.83	UNKNOWN
s9	JASON BYERLEY 43 BATTLEFILED TRAIL POWELL, WY 82435	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 4/19/2024	Basis for the claim: 50% OF NET PAYROLL FOR PPE 4/24/24; PD ON 5/3/24		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.14	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$832.11	UNKNOWN
s12	MADDISON GAIL 1726 1/2 ALGER AVE APT 1 CODY, WY 82414	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 4/19/2024	Basis for the claim: 50% OF NET PAYROLL FOR PPE 4/24/24; PD ON 5/3/24		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.15	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$693.48	UNKNOWN
s7	MORGAN ALLISON 2113 FRANKLIN ST APT #1 PO BOX 396 MEETEETSE, WY 82433	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 4/19/2024	Basis for the claim: 50% OF NET PAYROLL FOR PPE 4/24/24; PD ON 5/3/24		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name

Case Number (if known)

Part 1: All Creditors with PRIORITY Unsecured Claims

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			Total Claim	Priority Amount
2.16	Priority creditor's name and mailing address	As of the petition filing date, the claim is:		
s6	PARK COUNTY TREASURER 1002 SHERIDAN AVE SUITE 3 CODY, WY 82414	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$636.08	UNKNOWN
	Date or dates debt was incurred 11/10/23	Basis for the claim: PERSONAL PROPERTY TAX (2023 2ND HALF) PD 4/30/24		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.17	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,663.30	UNKNOWN
s10	RYAN CHALUPSKY 3613 MAPLE LEAF AVE CODY, WY 82414	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 4/19/2024	Basis for the claim: 50% OF NET PAYROLL FOR PPE 4/24/24; PD ON 5/3/24		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.18	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$954.92	UNKNOWN
s15	TERENCE KNUDSEN 704 NORTH 2770 WEST PROVO, UT 84601	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 4/19/2024	Basis for the claim: 50% OF NET PAYROLL FOR PPE 4/24/24; PD ON 5/3/24		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.19	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$851.54	UNKNOWN
s8	TIMOTHY BUSHNELL 1201 MEADOW LANE CODY, WY 82414	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 4/19/2024	Basis for the claim: 50% OF NET PAYROLL FOR PPE 4/24/24; PD ON 5/3/24		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

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Part 1: All Creditors with PRIORITY Unsecured Claims

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			Total Claim	Priority Amount
2.20	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$242.53	UNKNOWN
s3	UTAH STATE TAX COMMISSION 210 N 1950 W, SALT LAKE CITY, UT 84134	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred	Basis for the claim: ACCRUED UTAH WH TAXES 4/1/24-4/19/24		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.21	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$582.06	UNKNOWN
s23	UTAH STATE TAX COMMISSION 210 N 1950 W, SALT LAKE CITY, UT 84134	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 3/31/24	Basis for the claim: 3/31/24 - 2024Q1 UTAH WH TAXES PAID 4/30/24		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.22	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$41.54	UNKNOWN
s5	UTAH UI TAX UTAH DEPARTMENT OF WORKFORCE SERVICES 140 EAST 300 SOUTH SALT LAKE CITY, UT 84145-0288	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 3/31/24	Basis for the claim: 2024Q1 UTAH UI PAID 4/30/24		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.23	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$17.31	UNKNOWN
s24	UTAH UI TAX UTAH DEPARTMENT OF WORKFORCE SERVICES 140 EAST 300 SOUTH SALT LAKE CITY, UT 84145-0288	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 4/19/24	Basis for the claim: 4/19/24 - ACCRUED UTAH UI FOR Q2		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name

Case Number (if known)

Part 1:

All Creditors with PRIORITY Unsecured Claims

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			Total Claim	Priority Amount
2.24	Priority creditor's name and mailing address	As of the petition filing date, the claim is:	\$3,724.44	UNKNOWN
s4	WYOMING DEPT OF WORKFORCE SERVICES 5221 YELLOWSTONE ROAD, CHEYENNE, WY 82002	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date or dates debt was incurred 3/31/24	Basis for the claim: 2024Q1 WYOMING UI + WORK COMP PAID 4/30/24		
	Last 4 digts of account number			
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name

Case Number (if known)

Part 2: All Creditors with NONPRIORITY Unsecured Claims

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Amount of Claim

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

3.1	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,466.46
s130	AFLAC PO BOX 673025 DALLAS, TX 75267	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred 4/11/2024	Basis for the claim: EMPLOYEE PREMIUM FOR MAY	
	Last 4 digits of account number SA85	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.2	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$3,840.28
s131	AFLAC-ARGUS PO BOX 673025 DALLAS, TX 75267	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred 1/2023-8/2023	Basis for the claim: PREMIUM NOT BILLED CORRECTLY AND NEVER PAID; SWITCHED PROVIDERS	
	Last 4 digits of account number 8833	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.3	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	(\$100.00)
s132	ANTLERS REALTY, INC. 802 CANYON AVE CODY, WY 82414	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred 4/5/2024	Basis for the claim: PAYMENT FOR DONATION TOWARDS MAY FUNDRAISER	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.4	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,495.24
s133	AVALARA INC 255 S KING STREET #1800 SEATTLE, WA 98104	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred 3/31/24 & 4/6/24	Basis for the claim: SOFTWARE FOR CALCUATING SALES TAX	
	Last 4 digits of account number 3130	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor Name

Case Number (if known)

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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Amount of Claim

3.5	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$781.75
s134	BLACK HILLS ENERGY (BHE) PO BOX 7966 CAROL STREAM, IL 60197	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred 4/12/24	Basis for the claim: PRIOR MONTH NATURAL GAS USAGE	
	Last 4 digts of account number 2731	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.6	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,326.77
s135	CITY OF CODY UTILITIES 1338 RUMSEY AVE PO BOX 2200 CODY, WY 82414	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred 4/8/24	Basis for the claim: PRIOR MONTH ELECTRIC & WATER USAGE	
	Last 4 digts of account number 2014	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.7	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$253.10
s137	DEX IMAGING PO BOX 17299 CLEARWATER, FL 33762	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred 4/10/24	Basis for the claim: MONTHLY LEASE PAYMENT	
	Last 4 digts of account number 360S	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.8	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$2,500,000.00
s138	FIRST BANK OF WYOMING 1507 8TH ST CODY, WY 82414	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: LOC	
	Last 4 digts of account number 0870	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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Case Number (if known)

Part 2: All Creditors with NONPRIORITY Unsecured Claims

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Amount of Claim

3.9	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$2,441,523.57
s172	JOHN MCCALL PO BOX 22409 CHEYENNE, WY 82003	Check all that apply. <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	
	Date or dates debt was incurred	Basis for the claim: JUDGMENT	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.10	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$245.00
s139	PROFFIT'S ENTERPRISES 3201 REESY ROAD CODY, WY 82414	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred 4/30/24	Basis for the claim: APRIL ICE CONTROL & FERTILIZATION	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.11	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$3,400.00
s141	SAFARI CLUB INTERNATIONAL 4800 W GATES PASS RD TUCSON, AZ 85745	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred 9/30/23	Basis for the claim: OVERPAYMENT ON 2024 SCI BOOTH	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.12	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is:	\$1,376.00
s140	SBW & ASSOCIATES PC 931 RUMSEY AVE PO BOX 637 CODY, WY 82414	Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Date or dates debt was incurred 3/31/24	Basis for the claim: BOOKKEEPING SERVICES	
	Last 4 digits of account number	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 3:

List Others to Be Notified About Unsecured Claims

List in alphabetical order any others who must be notified for claims already listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address	On which line in Part 1 or Part 2 did you enter the related creditor?	Last 4 digts of account number for this entity

Debtor Name

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of Claim Amounts

5a. Total Claims from Part 1

5a.

\$30,246.60

5b. Total Claims from Part 2

5b.

+

\$5,035,691.17

5c. Total of Parts 1 and 2

5c.

\$5,065,937.77

Lines 5a + 5b = 5c.